

Niagara Robotics Association (QuickStrike 6978)  
FIRST Robotics Competition

**STUDENT PARTICIPATION CONSENT, LIABILITY WAIVER & PHOTOGRAPHY WAIVER FORM 2019/2020 Season**  
*(please complete a separate form for each student)*

Full Name of Student: \_\_\_\_\_  
Address: \_\_\_\_\_ Date of Birth: \_\_\_\_\_  
\_\_\_\_\_ Email: \_\_\_\_\_

I hereby consent to the participation of the above named student in all regular activities of the Team programs. I am aware that this may include working under the guidance of volunteer mentors using machine tools to fabricate robot parts and to assemble robots and other training devices. I am also aware that these activities may include travel to *FIRST* competitions or other locations to provide mentoring and assistance for junior robot programs, as well as participation in promotional and fund raising activities.

Notwithstanding the above, I agree to hold harmless and indemnify each and all of the Team's mentors from any and all liability for any claims for any injuries or harm suffered by the above named student while participating in any of the Team's activities, regardless of cause.

I also acknowledge that adult volunteer mentors will oversee all aspects of the Team's activities and will use all reasonable efforts to provide for the safety and health of all the Team's members while participating in Team activities. I undertake to complete the Team's Health Information Form regarding the above named student and I hereby grant to the adult volunteer mentors permission to transport the above named student, for emergency treatment/hospitalization, to a hospital or other medical facility. I understand that should a health emergency arise, such attempts as are reasonable in the circumstances will be made to contact me, but if I cannot be reached on a timely basis, any and all medical treatment, as deemed necessary by qualified medical personnel, is hereby authorized by me.

I also acknowledge that allowing family members, guardians, friends and team sponsors to take photographs or videotape ("photos") of the members of the Team as a way of recording activities and events is a normal practice of the Team. I also acknowledge that group or individual photos of Team members may be posted on the Team's or *FIRST's* websites or other Team, *FIRST* or sponsor publications, or to promote Team activities. I hereby agree to the taking and use of such photos for such purposes.

Signed – Parent or Guardian

Print Name: \_\_\_\_\_ Signature: \_\_\_\_\_

Address: \_\_\_\_\_

Email: \_\_\_\_\_

Relationship to student: \_\_\_\_\_

Date: \_\_\_\_\_